

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000186280

**Entity Name:** THERASIP, LLC

**Current Principal Place of Business:**

4235 ELLISON PL.  
PENSACOLA, FL 32503

**Current Mailing Address:**

4235 ELLISON PL.  
PENSACOLA, FL 32503 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THERASIP  
4235 ELLISON PL.  
PENSACOLA, FL 32503 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** KATHLEEN SMEAD

03/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SMEAD, KATHLEEN  
Address 4235 ELLISON PL.  
City-State-Zip: PENSACOLA FL 32503

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN SMEAD

CEO

03/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date